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PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CASE OF RECURRENT HEMORRHAGE FROM THE CILIARY BODY, RESULTING IN CATARACT—RECOVERY OF NORMAL VISION BY OPERATION.

By S. LEWIS ZIEGLER, M.D.

[Read October 12, 1892.]

RECURRENT hemorrhage into the vitreous was first described by von Graefe in 1854. According to many observers these hemorrhages are usually accompanied by irritation of the generative organs in effeminate youths, or irregularity of the menses in girls. Constipation seems to be usually present. Epistaxis is also a frequently associated symptom. Many cases of sub-retinal hemorrhage have been recorded by Eales, chiefly in young men, in whom he considers the hemorrhage to come from over-congestion of the venous capillaries of the choroid, accompanied by temporary constriction of the blood-vessels of the alimentary canal and generative organs. This latter he

considers the cause of the constipation. The initial lesion he credits to a vasomotor neurosis, through which the systemic functions are perverted. In the following case, however, chronic constipation, arising directly from a severe attack of acute dysentery, proved to be the immediate origin of the intraocular hemorrhage. There have been some "flushings," or vasomotor disturbances, but all prior to the period of intraocular hemorrhages. There has been no epistaxis, and no menstrual disorder of any consequence. The history of this case differs, therefore, from other recorded cases in the origin of the constipation, in its direct effect on the ocular circulation, and in the absence of the usual accompanying symptoms.

M. C., aged twenty-one, for the past seven years an inmate of the Pennsylvania Institution for the Blind, applied for relief at the Eye Dispensary of St. Joseph's Hospital on April 28, 1890, presenting the following detailed history:

Was born and reared in Ireland. Health and vision had always been excellent. Landed in this country in October, 1883. Two weeks later, while standing in the street, first noticed a persistent red spot before the left eye.

This gradually increased until vision was wholly obscured. Although no treatment was sought or applied, the extravasation was reabsorbed in the three weeks succeeding. Before vision was fully restored, however, a second and larger hemorrhage took place in the same eye, while the patient was in bed. This likewise received no treatment, owing to her peculiar diffidence, which has always led her to conceal all personal ailments. As the left eye never cleared up after this second severe hemorrhage, it is impossible to say whether any subsequent hemorrhage has taken place or not.

Two weeks later, while in bed, a large hemorrhage occurred for the first time in the right eye, and she awoke to find herself totally blind. Here alarm overcame her timidity, and she consulted Dr. Heyl at the Eye Dispensary of the Episcopal Hospital. She was admitted into the wards of that institution, and under treatment the right eye cleared up in about three weeks. The second severe hemorrhage in the right eye occurred about one month later, while the patient was seated in a chair. This was soon absorbed. During March, 1884, numerous slight hemorrhages occurred and cleared up in a few days, only to be followed by similar mild attacks. These smaller hemorrhages never wholly obscured vision, and, like the more severe ones, no attack was preceded by pain or other premonitory symptoms, save the appearance of a "small black spot" before the eye, which only indicated the first portion of escaping blood.

The subjective sensations caused by these hemorrhages were both interesting and characteristic. A simple turning of the head back to look up at the ceiling would cause the cloud to condense into a button-like mass, around which vision was clear. Again, on looking straight before her, the slightest movement of head or eyes would cause diffusion of the mass, and thus obscure the sight. By fixing the eyes steadily on one object, however, the cloud would either sink or rise, leaving vision free.

It is also interesting to note that the patient's sister at about this period observed an inequality of the pupils, the left pupil being noticeably dilated; thus, probably, denoting the permanent im-

pairment of the visual function of the left eye. This observation was confirmed by Dr. Heyl.

Finally the right eye cleared up about two months before her discharge from the hospital, leaving only a small central cloud before the eye, most apparent by gas-light.

One week after leaving the hospital a slight effusion occurred in right eye while quietly seated in church. This was immediately dissipated, so that she could comfortably find her way home. The same afternoon, however, while buttoning her shoe, the third severe hemorrhage came on, from which time she has never recovered good vision in the right eye.

In May, 1884, she applied to Wills' Hospital and was admitted by Dr. Strawbridge, who has kindly furnished me with the following record: "Sight began to fail about one year ago. Probable effusion into vitreous; repeated attacks since then. *Status præsens*: Left eye, retina floating in vitreous; large deposit of exudation débris. Right eye probably the same condition, but of more recent date; has red reflex from vitreous, due to recent hemorrhage. Tension normal; bowels constipated; menses regular. Examination of urine, negative. Treatment: pilocarpine hypodermatically, iodide of potash, and inunctions of ungu-hydrarg."

Iridectomy was performed on left eye by Dr. Strawbridge soon after admission. Two weeks later the same operation was done on the right. The vision in the right eye was considerably improved, and absorption promoted by this operative interference. The visual gain, however, was never more than the ability to distinguish the outlines of objects or to count fingers. Neither operative nor therapeutical measures have had any appreciable effect in modifying the condition of the left eye, which has since remained hopelessly in *statu quo*.

In May, 1885, she was admitted to the Pennsylvania Institution for the Blind. Two weeks after admission the fourth large hemorrhage occurred in the right eye while going up the steps. She sought no treatment, and recovery was spontaneous. Since then there has been no remarkable change in either eye, save only the gradual but persistent increase

in the dimness of vision in the right eye, until for the past five years light perception alone remained.

General History. Has had the usual febrile disturbances incident to childhood; never had typhoid fever or other serious illness; has never suffered from severe headaches; never had nose bleed, save once when a child and once during the past year. For several years preceding 1883 had "rush of blood to the head" when stooping or lifting; very violent while it lasted, with turgid blood-vessels of face and neck, but never became dizzy. This ceased while under Dr. Heyl's care at the Episcopal Hospital, and has not recurred. While growing up has often noticed petechiæ, or "devil's pinch," on arms. Has never suffered from hemorrhage after extraction of teeth, nor after small wounds. There are no signs of hæmophilia.

Menstruation began at fourteen; has always been regular except during the year following the first intraocular hemorrhage, when she suffered somewhat from menorrhagia and irregular periods. This function has been perfectly regular since 1884; is not at all chlorotic; urine normal.

About the time of first hemorrhage she began to suffer badly from chronic constipation, which has persisted ever since; sometimes lasting for ten days, once over two weeks, but more frequently for one week. Relief is only gained by continued use of purgatives. These were administered daily while under Dr. Heyl's care, and seemed to aid most in her improvement. Has had recurring hemorrhoids for several years.

In searching for the cause of this intestinal disorder, of which there is no previous history, I found that while on shipboard she had suffered from a violent attack of dysentery. This was so serious as to confine her to her bed, and resulted in two severe intestinal hemorrhages. She was detained in quarantine for several days, and then sent to her sister's home, where she rapidly convalesced. This was just two weeks preceding her first intraocular hemorrhage.

Status præsens. Right eye shows iridectomy upward, with slight cystoid cicatrix on nasal side. Iris healthy. Pupil reacts to light and mydriatic; no

"iris shadow" on lens, which is thoroughly cataractous, but not calcareous; although mature has not yet become completely opaque, being opalescent or amber-colored, with white striations in lens capsule. Cornea is clear; vision normal. Perception of light is prompt, and projection—by candle field—fair.

Left eye shows keyhole iridectomy upward and inclining toward nose; edges clean out. Cornea and iris normal, save slight dilatation of pupil, which does not react to light. Lens present and perfectly transparent, excepting a *small central nebulous opacity in posterior capsule*. By direct method fundus reflex appears grayish-black. Oblique illumination shows vitreous thoroughly disorganized and filled with floating masses of yellowish-white or tawny-colored fibers—probably shreds of decolorized blood-cuts unabsorbed. Movement of the eyeball shows that some of these larger fibers are still attached above to the ciliary body, from whence they float downward. Light perception fair; light projection poor. Tension normal or slightly minus. Slight divergence.

As the patient had on several occasions been absolutely refused any further operative interference, I may be pardoned for stating in detail my reasons for giving a favorable prognosis in the case of the right eye, and thereby advising extraction of the complicated cataract. These are,—

First. The strong probability of a preserved transparency of the vitreous humor, as shown by the prolonged power of spontaneous absorption, which had so frequently led to recovery of vision in the right eye; while, from a lack of this same functional activity, the left was virtually a hopeless loss after the second hemorrhagic attack.

Second. The probable limitation of these hemorrhages of the ciliary body was most favorable. Such a condition was indicated by the fact that absorption was always very rapid; by the interesting subjective sensations of the patient, so characteristic of intraocular hemorrhage from the anterior portion of the eyeball; and by the presumably analogous condition of the left eye, in so far as it showed the unabsorbed fibrous

remnants of blood-clots attached to ciliary region.

Third. The slowly increasing cortical cataract, which probably began about the time of discharge from the Episcopal Hospital, when she complained of "a small central cloud before the eye, most apparent by gas-light." Judging from the subsequent history of this eye, and from the fact that the lens of the left eye, although still transparent, now presents "a small central nebulous opacity on posterior capsule." I am inclined to believe that this "central cloud" was the first subjective symptom of the approaching cataract. The lenticular opacity alone was sufficient to account for the rapidly increasing dimness of vision suffered by the patient during the ensuing year, 1884 to 1885.

Fourth. The fact that this cataract was cortical and not calcareous was a most favorable factor in the prognosis. It removed the pathogenesis from a dangerous choroidal lesion to a very mild nutritive disturbance in the ciliary region; in fact, just such as might result from repeated hemorrhages, with non-inflammatory sequelæ.

Fifth. The preservation of good light perception and fairly good projection, as shown by candle-field, in an eye with tension and general appearance normal.

The patient was admitted to St. Joseph's Hospital, and extraction performed under ether. A small portion of iris was excised on nasal side in order to free the cystoid cicatrix. The capsule was rather tough, and did not rupture easily. Lens was extruded nicely, there being no soft cortical. A small amount of vitreous escaped, which appeared syrupy and slightly straw-colored. A very light dressing was applied, and healing was prompt.

At the end of the third week patient could count beds in the ward, a fair result, considering the heavy capsule remaining. This amount of vision was suddenly obscured by what the patient suspected was a hemorrhage. She had not previously acknowledged her tendency to constipation, which had at this time persisted for ten days, owing to her neglect of purgatives. She was given a purge, and not much attention paid to her suspicions of hemorrhage, as she was still very nervous. As is later shown,

there was an actual occurrence of hemorrhage at this time.

Some weeks later, as the eye seemed perfectly quiet, a capsulotomy was performed under cocaine. This progressed nicely for a day or two, when the eye began to show signs of ciliary irritation. Atropine and calomel were ordered, with some relief. On the fourth day, however, I was surprised to find a sudden wide dilatation of the pupil. The tension had jumped to + 2, and an attack of acute glaucoma inaugurated. Eserine (gr. j. to the ounce) was instilled, the temple leeches, and calomel continued. The eserine was afterwards increased to gr. ij. and later to gr. iv. to the ounce. Frequent leechings, chiefly with Heurteloup were made, and the glaucoma actively combated for several weeks. Even after this attack was allayed the glaucomatous tendency had to be held in check for some months. This complication made the prognosis look very doubtful. The ocular neuralgia was quite severe, and this combined with the neuralgic pains arising from numerous leechings, helped to depress the spirits of the patient. Finally the eye became free from pain and injection, which latter had never been extremely marked.

The origin of the glaucoma is not clear. Possibly the eye was predisposed; possibly the operation and the atropine excited the latent tendency. I learned later from the patient in the next bed that my patient had injudiciously eaten some early fruit within thirty-six hours after the operation, and had been seized with vomiting soon after. Her unfortunate reticence, as usual, prevented her telling me. I did not attach due importance to vomiting as a causative factor until a patient who had been operated on for catarrh returned to the clinic suffering from acute glaucoma as a result of three days of bilious vomiting. In this case there was no other discoverable cause, and indeed the icterus was apparent in the conjunctiva of the affected eye.

This attack yielded promptly to a strong solution of eserine, and vision recovered unimpaired.

Still another cause has been suggested by Dr. Knapp, of New York,¹ who

¹ Archives of Ophthalmology, July, 1892.

has recently published a series of ten cases of glaucoma occurring after capsulotomy. As he performs capsulotomy after every extraction showing the slightest evidence of opaque capsule, his observation has more than usual value. I am inclined to believe, however, that all these elements contributed to the disturbance. The eye was predisposed; the operation kindled the embers; the vomiting fanned them into action, and the atropine added fuel to the flames.

Recovery was decisive when it occurred, although I insisted on a continuance of one grain eserine solution for several months. The test for glasses, when finally made, was a great surprise, vision being absolutely normal.

O.D. 3/cc S. + 9 D. \odot c. + 2.50 D. ax. 180° = 20/xx partly.

O.D. S. + 15 D. \odot c. + 2.50 D. ax. 180° = Jaeger, No. 1.

These were ordered in ellipse, bifocals. The field of vision was normal. An examination of the right eye showed evidence of two distinct hemorrhages. The older was decolorized, a greyish-white fibrinous clot, web like, attached above to ciliary body on nasal side, with long fimbriae floating off down and in. The more recent hemorrhage appeared black, and was attached to the ciliary body up and out, with long, narrow streamer floating downward. In the past year this has also become decolorized. The only other change to be noted in the past year is the appearance in the bottom of the anterior chamber of a small fragment of old fibrinous clot that has broken loose and slipped over the iris. About one year ago she had a slight hemorrhage in the right eye, from constipation of ten days' duration. By treatment and careful regulation of diet, however, this habit has been cured, and she has now been free for the past six months.¹

The notable features in this interesting case are these:

1. The repeated attacks of hemorrhage from the ciliary body.

2. Constipation as a direct causative factor in hemorrhage from the ciliary body.

3. The fact that these hemorrhages were spontaneous, and did not occur while stooping or straining at stool.

4. The preservation of the visual function in the right eye, while lost in the left.

5. The occurrence of cataract in the right eye, and not in the left.

6. The occurrence of retinal detachment in the left, while the right escaped.

7. The glaucomatous attack after capsulotomy.

8. The recovery of absolutely normal vision in an eye containing semi-fluid vitreous and floating masses of hemorrhagic debris.

DISCUSSION.

Dr. Abert G. Heyl: This case was under my care in its early stage, but so long ago that I cannot recall the particulars in a general way. There is one feature to which I might advert, and that is the opacity, the division of which restored sight. My impression on examining the eye, at the time the patient was under my care, was that the whole vitreous had been involved and filled with blood, and that impression remained with me until a year ago, when Dr. Ziegler sent the case to me for examination. The thick membrane had been divided, it was evident that the vitreous was clear and probably had never been involved. The opacity, which seemed to be in the anterior part of the vitreous was probably immediately posterior to the lens. I believe that hemorrhage had taken place from the ciliary body and forced its way directly behind the lens capsule, so that it lay between the capsule and the hyaloid membrane which obscured the light. That is an unusual occurrence. I do not know that there is such a case on record. Usually the blood works its way into the vitreous. The result has been an exceedingly brilliant one, for the patient seemed doomed to blindness.

¹ This relief may be in part due to a change in residence and occupation, as she left the Blind Asylum in June, 1892, and is now engaged in the instruction of feeble-minded children in the Pennsylvania Training School, at Elwyn, Pa. She has therefore become a useful member of society, and able to earn her own living.

Subscribers remitting now receive the Journal for the balance of the year free. Only \$3.00 a year.

HEADACHE.*

BY W. G. STEWART, M. D.

AMONG the many minor ailments to which the human body is prone, headache is one of the most troublesome and most frequent. Scarcely a day passes without some suffering person seeking our aid to be relieved of this affection. Remedies have been suggested without number; druggists and drug clerks dispense headache-mixtures without discrimination; one neighbor shares her headache powders and pills with her associates; quacks vend headache cures on the streets and every newspaper contains flaring advertisements of "the great specific." It is about time for us to call a halt upon this general dispensing of drugs by the laity and non-professional men and confine it within its proper bounds. It is a comparatively easy matter to relieve a headache temporarily but this is not accomplishing permanent results.

By headache is meant any pain in the head independent of location or cause and is always symptomatic of some local or constitutional disorder.

When we consider the etiological factors of headache, we have open to us the whole field of medicine, for what pathological condition will not be responsible at times for pain in the head. Let us specify a few leading points with a view of gaining more light on the general subject.

Probably there is no condition that is so often overlooked, yet so important, as is the condition of vision. Astigmatism, myopia, presbyopia, improper light and print, eye strain and weakness of the eye muscles cause most of the cases that are met with in students, literary men, book-keepers and those who use their eyes constantly for fine work. Numberless cases have been cited in the journals and text books to substantiate this statement. Excitement, worry, grief or prolonged mental activity will occasion it. It is often produced reflexly by womb diseases and disorders of other organs in the body. Indigestion, improper food, constipation, pathological secretion and

excretion of bile, certain drugs, uræmia of Bright's disease and other kidney affections or the presence of intra-cranial tumors, abscesses, tubercles or effusions. Syphilis, cancer and tuberculosis are often responsible. Headache is a common concomitant with the menstrual flow in many women. Anæmia, plethora and other blood diseases. Constipation is a very common cause. It is also present as a prodromal, active and following symptom of all fevers and acute diseases. Inflammatory troubles cause it, and, in fact, it is present in almost every disease imaginable.

The true cause of headache is still shrouded by the veil of obscurity, but many theories have been advanced to account for it. One writer claims it to be a localized, temporary or permanent congestion of the brain. Another says it is an anæmia or impairment of the blood supply to the special part of the brain affected. Still again it is held to be caused by the presence of ptomaines in the blood that act locally and selectively on certain parts of the brain structure. It may be wholly dependent on reflex irritation. However, without attempting to substantiate any one of these theories and without committing myself to them, let us consider some of the various forms of headache.

Migraine, megrim, hemi-crania or sick headache is an affection located on one side of the head only. It begins with a slight or marked dullness of vision and pain in the eyes and is soon followed by giddiness, pain of varying intensity on the one side of the head and nausea. Vomiting of a greenish, offensive bilious matter accompanied by throbbing pain in the temple and forehead and, occasionally, rise in temperature. It is paroxysmal in character, coming on at more or less irregular intervals, and lasting for one to twelve hours or longer.

Nervous headache is most common in anæmic women; short in duration and very severe. There is no increase of temperature, great nervousness and often prostration.

In *congestive headaches* there is throbbing pain through the temples; congestion of the veins of the face and forehead; congestion of the retinal vessels; soreness of the eyes and giddiness.

*Read before the Cumberland County (Penn.) Medical Society at its quarterly meeting in Carlisle, Oct. 4, 1892.

Headache from eye strain is usually in the frontal region and is accompanied by eye symptoms, such as pain, photophobia, smarting and imperfect vision, together with soreness of the scalp.

Decayed teeth sometimes cause constant or intermittent headaches that are relieved by extracting.

These examples will suffice to illustrate a few of the many manifestations of headache. Never fall in the error of calling every pain in the head, headache. Always make it a point to examine closely for yourself, for it is possible that the pain is extra-cranial and caused by periostitis, abscess, syphilitic gumma, rheumatism, neuralgia, disease of the ear or allied external affections. These mistakes frequently happen and are to be avoided only by giving proper attention and examination to every case that presents itself to you for treatment. It is always unwise and improper to prescribe through a third party's description of symptoms unless you are acquainted with your patient. Having decided that you have a case of headache with which to deal, the great question is, what will be the proper

TREATMENT.

The treatment of headache divides itself into two distinct groups—(1) radical and (2) palliative.

1. *Radical treatment* is best instituted and carried on during the interval between the attacks and is directed at the cause. Syphilis, lead poisoning, tuberculosis and all constitutional and local and blood disorders must be treated with appropriate remedies and in this way insure permanent results. The very best hygienic and dietary measures must be followed and light exercise should be taken daily in the open air. Excitement, worry, fatigue, great noises, bright lights, alcoholic drinks and all excesses must be avoided. Do not allow this class of patients to spend much time over books, papers, fine needle work and the like, but insist on out-door sports and recreations. In anæmic cases administer iron, arsenic and strychnine in small doses. In point of fact you will accomplish your best results in young persons by administering very little medicine and by insisting on proper out-

door life, appropriate diet and suitable clothing.

Whenever there is the least cause to suspect defects of vision, have the eyes properly tested by a reliable oculist and have proper glasses worn. The question of wearing glasses at this day is not a question of fashion, as some would have us believe, but a question of absolute necessity, for the inventions and requirements of to-day are more ruinous to the eyes of the rising generation than to their ancestors who have lived slower and not ten or fifteen years ahead of their day as is the case at present. When ocular defects are properly corrected, headache from that source ceases to trouble your patient. Again, insist upon it that your patient works with his back to the light and not facing it as is too frequently the case.

Patients of a bilious temperament require constant attention and should regularly attend to their peculiar condition. Cathartics should be administered as is necessary to have one or two free movements from the bowels every day. Free flushing of the lower bowel, with large quantities of warm water often does better than cathartics. Those persons who are subject to congestive headaches should never run nor over-exert themselves as they are sure to have an attack if they do. Much more might be said on this subject but we must hurry to the consideration of

PALLIATIVE TREATMENT.

The physician who can relieve an attack of headache temporarily in five minutes will get more credit from the patient than one who relieves it permanently in a few hours or days. What then can be done to give hasty relief?

No class of remedies has demanded the attention of the profession to a greater extent than have the coal-tar derivatives. In this class we have appearing prominently acetanilide, phenacetine and antipyrine. Each of these drugs, when given separately in doses of five or ten grains at intervals of one-half to one hour, will afford partial or complete relief by their analgesic action. Acetanilide and phenacetine are preferable to antipyrine for the latter is a proprietary preparation whose exact composition has never been

given to the profession. If for no other reason than this it is to be condemned and cut from our lists of drugs. Antipyrine, in doses of two grains, has caused such grave toxic symptoms in certain individuals that it was only after the most prolonged efforts that life was saved. It is such an uncertain drug, so depressing in its action and, in some cases, acts as such a rank poison that not one grain of it will ever be dispensed in my practice—at least not until its exact composition is made known.

Many of our most reliable preparations are proprietary, but they are not to be condemned on this account if we know what they contain. When we use *unknown proprietary medicines* and prescribe them to our patients, we are only lending our name to the advancement of quackery and empirical medication. It is my custom to employ acetanilide and phenacetine with other remedies to guard against depression and untoward symptoms. Any of these combinations will be found to act better than the drugs given alone.

R.—Acetanilid. vel phenacetin. . . gr. j.
 Quininae bisulphatis . . . gr. j.
 Cocainæ hydrochloratis . . . gr. $\frac{1}{12}$.
 Misce. Fiat capsula vel compressed tablet
 No. 1. Signe. One every half hour till relieved.
 R.—Acetanilid. vel phenacetin. . . gr. j.
 Caffeinæ citratis . . . gr. ss.
 Misce. Fiat capsula No. 1. Signe. One every half hour until relieved.

These combinations act nicely in all forms of headache and give prompt relief without depressing the heart as is the case when these drugs are given alone. If there is great nausea recourse must be had to other remedies. Quinine alone is of little value except in malarial types and even then it must be slow in affording relief. Salicylate of soda and other salicylates, in doses of five to ten grains every hour, act admirably in those cases where rheumatism is present and in the headache so common in influenza.

Congestive headaches are best relieved by small doses of aconite or veratrum viride at frequent intervals until the physiological effects of the drug are obtained. Very severe cases may require venesection but this is very rarely necessary at the present day. Tr. belladonna is also given. Trinitrin (nitro-glycerin,

1 per cent. sol.) one drop every hour. If the stomach is overloaded with improper food, administer a good emetic of warm water.

One drop doses of tr. nux vomica every ten minutes, for an hour or two will relieve *nervous headache* and allay nausea.

Hysterical headaches require valerian, asafoetida and bromides together with strychnine in small doses.

Migraine. It is best to make your patient drink as much tepid water as they can and in this way produce free vomiting to cleanse the stomach. Follow this with one drop doses of tr. nux vomica every ten minutes until the stomach is settled. Sometimes this will relieve the case entirely. If it does not, then give one of the aforementioned combinations. Fluid extract of guarana, twenty drops in water every hour, is often very efficient. Nitromuriatic acid, ten drops in plenty of water every hour, is recommended. Anstie recommends cannabis indica (extract) gr. $\frac{1}{4}$ in younger patients.

When we come to review the therapeutic measures adopted in the *palliative* treatment, almost every drug in the materia medica finds a place. *Opium should never be given in cases of headache*, for if the habit is once formed it can not be broken very easily. A habit is never formed for the coal-tar derivatives.

So far our attention has been given to internal medication and we must be directed to a few local measures. A mild current of galvanic electricity passed through the temples or other parts of the head will often break a severe headache. Simple rubbing or massage of the scalp often soothes the patient into a gentle sleep. Applications of hot or cold water; ice; menthol and liniments do a limited amount of good. Binding the head up tightly with a band is a common resort. A hot mustard foot-bath sometimes affords speedy relief. Also Turkish baths.

Many other methods are of use but can not be mentioned at this time, for it has been my intention to outline major points and leave others for consideration in the discussion or during your leisure hours. Too much stress cannot be placed upon the necessity of making a special study of every case and treating it from the standpoint of its cause rather than upon

the "hish-hash" course that acts on the principle that "one ingredient may luckily hit the mark."

NEWVILLE, PA.

STRAY LEAVES FROM A PRACTITIONER'S CASE-BOOK.

By WILLIAM F. WAUGH, M.D.

PHENOCOLL HYDROCHLORATE.

A SEVERE hemicranial neuralgia, in a weak, nervous, sensitive man. The existence of a former narcotic habit rendered the choice of remedies somewhat limited. Eight grains of phenocoll were given at one dose; and in ten minutes the patient was asleep, and after a good night's rest he awoke quite well. No after effects, no depression, no sweating, no drawback, excepting the very unpleasant taste of the drug.

EUROPHEN.

Again has the value of this drug in burns been demonstrated. A severe scald, treated by euophen in 2½ per cent. petrolatum ointment, healed up with unexampled rapidity. This drug parts with its iodine very readily.

LOCAL SEDATIVES.

The local use of sedatives appears to be unknown to the chiropodist. A gentleman came in with a very ugly ulcer on the toes. He had undertaken to remove a soft corn by means of some nostrum. The result was a foot so sore that he consulted a chiropodist. This practitioner treated the ulcer with exsiccated alum, varied by occasional applications of silver. Under this treatment the ulcer steadily increased its diameter, and became more malevolent in aspect. The pain was atrocious. A similar ulcer formed on the opposite toe; both spread to the back of the toes, and the foot became much swollen. At this juncture medical advice was taken. The foot was washed with dilute chlorinated soda, dried, and the ulcers covered thickly with bismuth subnitrate. It was then let alone. The pain subsided, and in a very few days the cure was completed.

LATERAL CURVATURE.

A young girl had complained of "back-ache" for some years. She had been treated for divers ailments, including uterine disease (non-existent), rheuma-

tism, myalgia, neuralgia, etc. An examination showed a slight lateral scoliosis, with projection of the sternum on the right side. Reconstructive tonics were given, in generous doses, with good diet, and the muscles of the back and chest faradized every day. The pains have been relieved, the girl's gait is erect, and the curvature is less marked. The ordinary corset has been replaced by one having the sides of elastic, which allows much more freedom of motion. This case is an illustration of the necessity for thorough examination in cases whose nature is not immediately obvious. Any tyro in the medical art could have diagnosed the case, had he taken the trouble to strip the patient to the skin and examined the chest properly. Some patients may object to this, but, as a rule, people come to a physician for relief, and they are grateful to him for the pains he takes with them.

BEEF AS AN EXCLUSIVE DIET.

A gentleman who had suffered long from dyspepsia, constipation, anorexia, and consequent debility, was advised to adopt the Salisbury diet of beef exclusively. The first effect was not encouraging, as he lost ten pounds from an already emaciated body. But after that he began to improve, and his verdict after six weeks' trial was: "Better than I have been for ten years."

A girl 19 years old, a typical case of chlorosis, was placed on the same diet. She took a meal every four hours, consisting of lean beef, chopped finely, all connective shreds picked out, and the beef-pulp dropped into a pan in a little hot butter, and allowed to cook until the color had changed. The girl improved at once. In a week she was allowed to add half a pint of hot, salted milk to each meal. The milk was to be taken with a teaspoon, to insure slowness of imbibition. In another week, freshly expressed grape juice, and stale bread, well toasted, were added. No medicine of any sort was given up to this time. The improvement was fully as rapid as in the most favorable cases treated by iron. At every visit the girl's eyes were brighter, her lips redder, and her listless apathetic attitude exchanging for the briskness of health.

The Times and Register.

A Weekly Journal for Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,
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ENDOWMENT ORDERS.

THE business of wrecking endowment orders has received a setback in the refusal of Judge Gordon to continue the preliminary injunction, and to appoint a receiver for Tonti.

Judge Gordon said that in consideration of the vast interests involved, the issuing of the injunction had been rather improvident, considering that the plaintiff had not brought forward any proof to sustain his allegations. In view of the statements made in the defendant's affidavits, the Judge continued, and the almost overwhelming protests of thousands of members, and considering the fact that the plaintiff was one of some 20,000 persons interested in the Order, the Court would not only dismiss the injunction, but would be willing to hear an application on the part of the defendants to show cause why the plaintiff should not enter security for costs. Attorney Todd, of counsel for the Order, then made the motion, and Judge

Gordon fixed the security at \$2000 to be entered within thirty days.

The principle that the member who attempts to wreck a business enterprise involving millions of money, in which thousands of persons are interested, incurs some personal responsibility for his action, is thereby established, to the satisfaction of all. Heretofore the men who amused themselves by "showing up" enterprises into which they themselves had gone, with full comprehension of their principles and eagerness to share in their profits, have thought they were posing as public benefactors. Orders that had been conducted with fidelity and success, that had not lost a dollar, were paraded before the public as fraudulent, and the names of those connected with them dragged in the mire by any notoriety-seeking member or pettifogging attorney, with impunity.

Nevertheless, the agitation has been productive of good; as is usually the case. Hostile eyes have detected flaws in the system; orders whose management was incapable or dishonest have been wound up; one whose system was fallacious went out of business voluntarily; and in others the weak spots were detected and made good. The Home Builders shifted their ground slightly, but enough to place them on the basis that all these orders must occupy if they are to be permanent. The Home Builders now promise the holders at the end of the six years' term the full amount of their certificates, or such proportion of it as their money has earned. If, for instance, at the end of six years there has been five hundred thousand dollars paid in by members then remaining in the Order, and the assets amount to one million dollars, each maturing certificate will receive double the amount of the instalments paid on it, regardless of the face amount. This is a perfectly equitable arrangement, as each man gets back

his capital and its net earnings, which is all that any just man will expect. By no other arrangement can the objection be met, that the first members are paid out of the money belonging to the later members. All enterprises based on that principle rest on very doubtful grounds in point of law, and undoubtedly wrong principles in point of morality. The "getting in on the ground floor," is a bit of pure rascality. It was thought when these orders were instituted, that security was afforded by retaining the right to levy an unlimited number of assessments, but when it comes to assessing members beyond their power of payment, neither the courts nor the public sentiment would permit it. Hence, the ground now occupied by the Home Builders is the only one that is tenable; the only one that secures equal justice to all. While the profits to the individual member may not look as large as under the old rule, they are precisely the same; only that they are equally divided, not concentrated in the hands of a few of the earlier members.

The net result of nearly three years operation of this Order is a profit of about forty per cent.; besides the life insurance that the members have enjoyed, which would have cost them a large sum in any company.

REVISING THE CODE.

WE are in favor of a revision of the Code of Medical Ethics; and believe that much improvement could be done to that antiquated instrument by a liberal use of the blue pencil. There is just one necessary clause to the Code, and that is that the physician should in all cases conduct himself as an upright, honorable gentleman; and all else is superfluous. The legislation for patients, over whom our laws can have no control, is useless; the laying down laws by which our neigh-

bor must regulate his conduct and belief, are distasteful to the spirit of this day and country; and the rules that prescribe for the pretended maintenance of a professional ideal that has not been practicable since the Ptolemies, and sets a premium on dexterity in evasion, are enough to make the profession a laughing stock. By all means revise.

Still, if we must adhere to the old order of things, let us not beat about the bush, but come out openly and say just what we mean. In this spirit, let us propose a few amendments.

1. Don't advertise; not even to the extent of putting your address and office hours in the newspapers; but nothing in this is to be construed as preventing the publication in the dailies of accounts of wonderful surgical cases, where patients are saved by the superhuman skill of the doctor, etc., etc.

2. Stealing patients from brother chips must be done so adroitly that the plundered brother will be unable to formulate definite charges. Emulate the Spartans, and let your ambition be to steal all you can, without being caught.

Many other amendments will suggest themselves to those who are familiar with the Code, and its practical application.

SPECIAL ISSUES IN PREPARATION.

THE exhaustion of the diphtheria and typhoid fever numbers, and the numerous inquiries for them, render it advisable to issue new specials devoted to these subjects. We will do so as soon as sufficient material has been collected. It is our desire that our readers will contribute to them and other special numbers. There is a vast amount of valuable material to be found in the possession of the practitioner, if he could only be induced to overcome his modesty sufficiently to put his experience in print.

New remedies are brought forward constantly ; but their ultimate fate can only be ascertained from the pharmacist, who tells us he has few or many calls for them. The doctor reads of a new remedy, tries it, and whether it succeeds or fails, no one but himself ever knows. And after all, with him lies the final crucial test; that of actual trial.

ENURESIS.

VAN TIENHOVEN believes the cause of nocturnal enuresis is the complete closure of the prostatic urethra, during the general muscular relaxation of sleep. The urine reaches the urethral pouch and excites the detrusor to contraction. To overcome this he advises the patient to sleep with the pelvis raised by a wooden framework to an angle of forty-five degrees. By this means the urine is to be kept out of the sensitive region.

The explanation is probably true, as enuresis usually occurs during profound sleep, when the muscular relaxation is most complete; and the most approved methods of treatment are those that prevent this heavy slumber. This accounts for the good effects of placing a marble in a belt in such a way as to press upon the spine whenever the patient rolls over on his back. But when it comes to raising the body to an angle of 45 degrees with the bed, it is doubtful if the suggestion could be put into practical use.

Annotation.

BERKMAN.

THEODORE DILLER writes in the *Alienist and Neurologist* concerning the mental condition of Berkman, the man who tried to kill Frick. Diller says Berkman is a paranoiac, and Herr Most says he is a fool. Leaving for future consideration the question of the precise degree of diversity in these views, we are inclined to heartily agree with Herr Most. Diller says:

"In his perverted and weakened mind the doctrines of socialists and anarchists found a receptive soil. But with the morbid exaltation of the *ego*, so commonly observed in paranoiaks, he was not content to serve as a private in the ranks of ordinary anarchists, but joined a 'group' in which each man is, as it were, a leader.

"This great exaltation of self led him to believe that he could in some way solve all the problems of Church and State, labor and capital. So when the name of Frick became known as chairman of the Carnegie Steel Co., Berkman's perverted mind led him to believe that he could become a hero, a martyr and a liberator of the working man by the assassination of Mr. Frick. Acting upon this idea he came to Pittsburg and carefully and deliberately reconnoitered the ground, and, when fully ready, he boldly, coolly, in broad daylight, made his contemplated attempt at assassination. His perpetration of his bloody deed in broad daylight, at the busiest time of the day, when escape was impossible, tallies well with the methods of paranoiaks. He probably did not care for arrest and conviction, if he could only become a hero, a martyr and a notable historical character. After his attempted assassination it is not surprising that he expressed regret only because his bullets had not proved fatal.

"He made no effort to secure a lawyer, or to devise any defense, but prepared an address, which attempted no specific defense of the crimes with which he was charged, but dealt with his favorite subjects of labor and capital, Church and State. A large part of this address was unintelligible and incoherent. No one but a fool could have expected that it would have any weight with a jury. Even with long imprisonment staring him in the face, he preferred to pose as a liberator and to magnify the greatness and importance of himself and his deed.

"Few people were in the court-house at the trial, as its date was kept secret. This, doubtless was, as one of the newspapers aptly said, 'a source of great disappointment to Berkman.' Probably he felt much chagrined that so slim an audience was present to hear such a notable 'address.'

"Had a lawyer been retained in the

case, doubtless an attempt to set up the plea of insanity would have been made. Probably Berkman himself would have most strenuously objected to such a plea as it would have upset all his fine theories of greatness. If the man had been sane he would most likely have retained a lawyer, and then shammed insanity as the only hope of escaping prison."

Watson Smith has added something to our knowledge of the origin of petroleum. He obtained from Japan a specimen of coal, containing ten per cent. of bitumen. Cannel coal contains about one per cent. Fractional distillation of this Japanese bitumen gave first a product resembling benzoline, then one with the odor of coal oil, and finally one that deposited paraffine on cooling; while the oil drained off resembled American lubricating petroleum. He proposes next to distil off the oil from the coal, when he expects to obtain a residue resembling anthracite. If so, the problem of the formation of petroleum will have been fairly solved.

Truly this age is given over to materialism. In the villa once occupied by Maecenas (*atavis edile regibus*) is located a hydraulic station at which the mechanical energy of the falls of Tivoli is transformed into electricity, that is then transmitted to Rome, to throw a modern light into the hallowed shades of the Eternal City.

Letters to the Editor.

RESORTS FOR CONSUMPTIVES.

CHICAGO.

I WAS very much interested in the special number of THE TIMES AND REGISTER containing articles on Resorts for Consumptives, and especially in the wide range presented—ample, it would seem, for all cases.

We certainly have many places in America where consumptives recover and if the census of experience coincide it should not be very difficult to make a selection. The climate, without question, is the great element in the cure, and the large per cent. of moisture in the atmosphere, whether on the north Atlan-

tic coast or Gulf of Mexico, seems the chief causative factor, in my humble opinion. It doubtless acts in retarding the proper aëration of the blood.

In every resort a local atmosphere is produced and I am pleased to find that you enter decided objections against the hospital, hotel, asylum and sanatorium for tuberculous people. I also favor the cottage plan of managing these cases. By that we insure isolation and the tendency to get full benefit of the outdoor air.

There are doubtless many places along the south Atlantic slope, a hundred miles or so back from the ocean, that would prove very beneficial in incipient, as well as in advanced phthisis. The altitude should be over 500 feet at least, but avoiding the higher ridges where the atmospheric changes would be more trying. Catarrhal cases ought to improve or lead a comfortable existence in that section, but the fibrous form, in my opinion, needs a higher altitude to secure the necessary artificial expansion of the obstructed aëroles.

The force of this disease seems to be spent upon the lymphatic system and the climate and the food that stimulates this re-absorbent system will cure. I am pleased to see the many articles which bear out the facts emphasized by the census reports that the New Mexico climate is very curative in this disease as the experience of the writers from that territory abundantly testify.

It is my firm conviction that no physician is qualified to teach intelligently on this subject unless he has personally visited the many resorts that are afforded consumptives, for one of the hardest things a visitor meets is the bias of opinions.

The work before the American Health Resort Association is to get at all the facts so as to give unbiased opinions to assist the physicians so that they may help to prevent the enormous mortality from consumption of over a hundred thousand people annually.

T. C. DUNCAN, M. D., PH.D.

WHAT THEY ALL SAY.

I WANT to claim one moment of your time to let you know that I am a constant reader of your valuable journal,

THE TIMES AND REGISTER, and that I like it better than any other journal I have ever taken. I am taking it and *The Medical World*, both of which I cannot do without. Of course, I am taking others, but these are my main stays in the practice of medicine. I find some articles in *The Times and World* that I do not indorse; but, upon the whole, they are good, especially those on special subjects. I have been delighted with the treatment in general. I do think that the treatment for cholera infantum is excellent. I have found an excellent resource in the sulph. carbolate of zinc in that disease. Thanks to you for your valuable editorials, all the time.

A. N. SPURGEON, M.D.

KOSSUTH, IND.

WHY THE PHYSICIAN SHOULD BE AN EDUCATED PHARMACIST.

IF I have enlightened at least one brother physician I shall be amply repaid for the time I have spent in preparing the following.

If all physicians were educated pharmacists there would be very little need of so many manufacturers, and less supplying of the many "elegant" preparations at the sacrifice of their medicinal constituents, and a great decrease in cost to both physician and patient. That the physician could manufacture all of the preparations both U. S. P. and N. F. at a great saving, and be able to cope with the semi-nostrum venders "to physicians only," besides using his own brains, would be for his own good. For instance, we will look at a country physician whose fee is sometimes so small as not to cover the cost of the medicines left, whose medical literature is confined to one paper and sometimes none, but is continually bored by the glib-tongued agent of the manufacturer, and is stocked up at a very high cost.

We will take the following for instance, as an example of the many well known semi-nostrums, which neither the pharmacist nor chemist can prepare after the formula printed on the label. I refer to the well advertised, widely employed so called "chemical compound" antikamnia. I have had just as good results, in all diseases as with the original from a

mixture of 1 oz. acetanilid. and 3j of soda bicarb. and the cost is only 8 cents. The soda salt renders it soluble to some extent, as I make after the above formula, and I find it excellent. I have used the following as an anti-spasmodic, and find it answers every purpose where "Hayden's Viburnum Co." is called for.

R.—Grd Cramp Bark 3j.
Scutellaria 3ss.
Wild Yam 3j.
Grd Cloves
Grd Cinnamon, ana 3j.

Mix and macerate in 12 oz. of 76 per cent. alcohol from 1 to 3 days, then filter and add Tr. cinnamon enough to make 16 oz. The color, taste and smell would deceive the novice and its medicinal action is all that could be wished for; costs about 30 cents. I use the following as a substitute for the well known *Pinus Canadensis* White.

R.—Zinc Sulphate 3j.
Glucose 3j.
Water q. s. 3xvj.

and flavor by adding oil *pinus sylvestris*, 3 or 5 drops; costs 10 cents, and makes a valuable throat spray, and as an office medicine. Another preparation (Listerine) is well imitated in the following formula Dissolve 3j benzoic acid and 3ss each of menthol and thymol, 3ij boracic acid in 4 oz. alcohol. Then add to it 3j borax dissolved in 3xij of water. The odor of the original can be imitated by the addition of 5 to 10 drops each of oil of gaultheria and eucalyptus; costs less than 30 cents per pint.

Lloyd's Hydrastis, imitated by dissolving 20 grs. hydrastin cryst. in 12 oz. of water and ½ oz. glycerine by the aid of dilute hydrochloric acid; costs 40 cents a pint, and is an excellent preparation for all inflammations of mucous surfaces. I will conclude by giving you a formula and a preparation that is easily made and of excellent merit.

Elix. Phos. Iron Quinine and Strychnine.

R.—Strychnine alk. gr. ij.
Quin. Sulph. 3ij.
Citric Acid gr. x.

Rub finely in a mortar with 3iij alcohol and add 3ij of syrup heated to about 150° F. when it will become immediately clear, then add to it 512 grs. ferri phosph. dissolved by the aid of heat in 3vij of water, when cold filter. It can be mixed

in all acid and neutral mixtures without precipitation.

These are a few of my private collection of formulas which I have used in my private practice, and find them in every particular equal to the original; and I hope as time rolls on that I may give my brothers some valuable additions to the above. Bear in mind that the manufacturer and druggist are not working for the financial gain of the physician but to fill their own coffers. It will be better if they can use their own brains, and not depend upon manufacturers or ignorant mercenary druggists for their supplies.

GEO. STEVENS HAZARD, Ph.G., M.D.
BOSTON, MASS.

CYSTITIS, WITH COMPLICATIONS.

I HAVE taken salol, gr. V, four times daily, for two weeks, and have as yet experienced no perceptible benefit. For rectal catarrh I employ enemas of hot, salt water, and once daily an enema of zinc sulphate and hydrastin. About five times each night I am compelled to rise and empty my bladder; that is, whenever the urine has collected in it to the amount of four ounces. Then the smarting and burning awake me. The urethra is tender and irritable, especially when I urinate. My stomach is nearly always sour, and a good deal of gas forms in it. The urine is highly acid. There is also a prostatic discharge present. The aching in the lumbar region is less since taking the salol. Some tenderness and numbness exists along the spine. For eight months I have refrained from practice, in the hope of securing relief. While at Hot Springs, Ark., I drank about a gallon of hot water every morning. This, and the hot baths, relieved my bladder more than any other remedy, but did not relieve the spinal symptoms. The more water I drink the less I am obliged to rise at night. All my symptoms are worse in wet weather, when I am somewhat rheumatic. The left testicle is atrophied; the right normal.

—J. M. R.

[In these cases of chronic cystitis, with catarrh of the other mucous tracts, little is to be expected from casual prescriptions, but a good deal of relief can be afforded by careful management. No remedy gives more relief than salol. It should be taken one hour before each

meal, with a pint of hot water. Let the diet be that urged by Salisbury: finely chopped, lean beef, cooked lightly, with a full dose of calf pepsin, and nothing else. The bladder should be washed out with warm water and a little distilled witch hazel water. As a sedative, to give the rest that is essential, cannabis indica is probably the best.—W. F. W.]

GASTRO-INTESTINAL DISORDER.

I WAS called to see a night operator; a man who had always enjoyed good health; who had attended the county fair four days previously. He had then indulged freely in hotel "hash." He had been much constipated, but had taken large doses of salts, and other purgatives; and considered himself somewhat better. His tongue was covered with a thick, dirty, brown coating, heaviest in the centre. There was some tenderness over the stomach and duodenum; pulse slightly above normal; temperature 100° F.; some dizziness and headache; but no tympanites, tenderness over the left iliac, diarrhoea, epistaxis, or aching of the bones. He acknowledged having also eaten a lot of apples; and the next day his temperature had risen to 101° F.; and the pulse had quickened; but on the following day both were normal. I concluded that the seat of difficulty was the stomach, liver and duodenum; and ordered sodium phosphate, in dram doses, with the following prescription.

R.—Pepsinæ, gr. j
Acidi nitro-hydrochlorici, . . m. xv
Ext. hydrastis fl., m. xx
Syrupi aurantii, q's, ad ʒi
M. S.—Take after each meal.

The patient, however, insisted that he had a fever; and on his own responsibility procured a bottle of "Pierce's Medical Discovery," of which he took large doses, instead of the medicine ordered. Some days later, he visited another physician, who diagnosed the case as "walking fever," and sent him to bed. What is your diagnosis, and treatment? W. F.

[Such attacks of indigestion, with some fever, even more than in this case, are often seen under similar circumstances. Men take much more than their usual exercise, and in an exhausted state eat largely of rich, unwholesome, perhaps decomposing, food. The brown tongue is generally to be seen in such cases. The treatment consists in rest in bed, free evacuation of the stomach and bowels (if there is reason to believe that any noxious matter is still retained), followed by remedies to restore the digestion, and liquid food in small quantities. If the

symptoms continue, the zinc sulphocarbonate is a specific. Your prescription of pepsin, etc., was very well suited for the condition remaining after the irritation had subsided. As the purgation had been accomplished, this was the proper course. As the patient had not followed your directions he could not expect a good result. It is well in such cases to order the patient at once to bed, and put him on strict dietary rules; regardless of his protests. I like to begin by "bossing the ranch," and find less disposition to rebel than when I defer to the patients wishes, or the ideas broached by officious friends. Among such people as you describe, it is "bully or be bullied," and I much prefer to be the bully myself.—W. F. W.]

OBSCURERECTAL CASE.

THE following case has been in my charge for several weeks, and up to this time I have totally failed to relieve her in any particular. It is a woman seventy-five years old, with good health in general. She complains of a dull, aching pain in the rectum. The pain is so great at times that it keeps her from sleeping. The trouble has existed for over two years. I have used flax-seed enemas, with a pill of belladonna, nux and iron; a combination of rhubarb and cascara; glycerine suppositories, and a tonic mixture, but to no purpose. When the bowels have been moved, she has relief for several hours. There are neither rectal strictures nor hemorrhoids.

W. E. H.

[The symptoms are due to cancer of the uterus or rectum or to ulcer of the latter, or simply to constipation. Examine thoroughly, with the finger, the rectal bougie, and conjoined manipulation. If the symptoms depend on constipation alone, give small enemas consisting of cold, saturated salt water; with aloes and nux internally. If there be extensive impaction, wash it away with large, hot enemas, alternated with the small salt ones or half a pint of coal oil. Ulcer demands the local application of nitric acid. Cancer is the most probable explanation of the case.—W. F. W.]

The Medical Digest.

THE INTERNAL ADMINISTRATION OF OZONE IN THE TREATMENT OF PHTHISIS.

By HENRY S. NORRIS, M. D.

IN a paper entitled Prevalence of Consumption in the United States, read before the Academy of Medicine in New York, by Dr. John S. Billings, of the Army, on January 28, 1892, he gives

some statistics of consumption taken from the eleventh census (1890). During that year there were 101,645 deaths from this cause, being a little over 1.6 in 1000 of living population. From reports from districts where the registration of deaths is accurately kept, the death-rate is so much higher than this that allowance must be made for districts where registration is neglected or imperfect in estimating the extent of phthisis in this country. "From these data," continues Dr. Billings, "it is quite safe to assume that the number of deaths due to pulmonary phthisis in the whole country during the census year was over 125,000." "If we estimate the average duration of the disease as two years, we shall have two cases in existence for every death." At this rate of calculation, we have now in the United States alone over 250,000 cases of pulmonary phthisis. Is it any wonder that the number of remedies that have been recommended for this disease is almost infinite? It seems almost a presumption to add to the list, but after several months' trial of ozone in my wards in Charity Hospital I have become more than favorably impressed with it, and I think that the history of my cases will not prove unprofitable and may lead others to venture with more or less confidence to add their experience to mine.

In November, 1891, my attention was called to a preparation of ozone called aquozone, which is a two-and-a-half-volume per cent. solution of ozone in water, the stability of which is maintained by the presence of a certain amount of hypophosphites. I was induced to take some to the hospital and try it for the night-sweats of phthisis. I had in my wards at the time some fifteen or twenty cases in all stages, and from the number selected two for the experiment.

They were both in young women of about the same age, both confined to bed, had been on creasote and cod-liver oil, and were receiving extra diet. They presented nearly the same phenomena, Case II being further advanced than Case I. I began cautiously with the first case, as I had very little confidence in the remedy, and it was not until after two weeks that I ventured to use it on the second case.

CASE I. *Catarrhal Phthisis*.—Annie Q., aged twenty-one, single, United States,

admitted to hospital November 6, 1891. Family history good. Has had a cough for a year, and has been a patient in Bellevue and in Charity Hospital once before, whence she was discharged October 20th. Has lost flesh, and has heavy night-sweats. Cough worse at night and in the morning. Sputum thick and abundant. Has fever in the afternoon and is confined to her bed. Physical examination showed bronchial breathing, voice and whisper over right upper lobe in front and behind, with râles after coughing.

On November 8th she was put upon aquozone, ozonized cod-liver oil, and iron. The aquozone was given in four doses of three ounces each, one before each meal and the fourth at bed-time. The oil, containing six volumes per cent. of ozone, was given half an ounce after each meal. The diet was not changed. In a month the bronchial breathing had almost disappeared, cough and night-sweats had stopped, the patient had gained in weight, and was up and about the ward. She left the hospital December 23d with only traces of the disease remaining.

CASE II. *Catarrhal Phthisis*.—Lillie S., aged eighteen, single, United States. Admitted to hospital November 10th. Tubercular family history. Has been confined to her bed for a month. Has had a cough for a year, and one attack of hæmoptysis. Has had night-sweats and fever for past three months, worse during past two months. Coughs worse at night and in the morning. Sputum thick, sticky, and abundant. Has lost a "good deal" in weight. Present condition: Patient pale, thin, but not emaciated. Skin hot and dry; respirations hurried. Physical examination revealed consolidation of the left upper lobe, with profusion of moist râles. Evening temperature runs from 101° to 103° , and is above normal in the morning. Treatment on entering the hospital, creasote, cod-liver oil, and extra diet. On November 23d her condition was practically unchanged. She was then put upon aquozone, twelve ounces a day. The first effect was the lessening of the frequency of the cough and quantity of the expectoration. The night-sweats ceased, her appetite increased, she began to pass comfortable nights, and in two weeks she was out of bed. At the end of three weeks there was a perceptible gain in weight,

and she had almost ceased to cough and expectorate. She was discharged at her own request on December 14th. At this time there was still bronchial breathing over left upper lobe, but it was tempered with a vesicular quality, and the râles had almost disappeared.

These two cases convinced me that I was dealing with a powerful and useful agent. The rapid and immediate improvement following the administration of ozone encouraged me to continue the experiment. I began at once to apply it to various forms and stages of phthisis—from the mild cases with recent consolidation to those with cavities and tubercular diarrhoea. I did this with the object of discovery, if possible, what the limit of utility was, to find out what classes of cases responded to the treatment, and to notice its effects even upon those where any treatment must be useless. The remedy was always given in the same manner, viz: Twelve ounces of aquozone a day in four doses, one before each meal and the fourth at bedtime. An ounce and a half of ozonized oil, being half an ounce after each regular meal. It was not used in all the cases in the wards. Others were kept upon creasote and cod-liver oil in order to compare the two plans; but those upon the ozone seemed to do so much better than the others that I was frequently besought by these to be put upon the new treatment.

In reporting these cases I have given both my failures and successes, and I have endeavored to be accurate without going too much into detail. It is no part of my desire to bring forward a specific for pulmonary tuberculosis. There is, in all probability, no such thing in existence. I simply wish to add to the therapeutic measures at our command another, that has seemed to me to be worthy of further investigation. That it has not always succeeded is not to its discredit. Its use has, in some of the cases above cited, at least been coincident with an improvement when none occurred before, and wherein all the incidents and circumstances had been the same, with the single addition of ozone. The repetition of these coincidences offers good reasons for giving to this agent at least a fair amount of credit.

If the plan outlined in this series of ex-

periments could be carried still further; if, in addition to less crowding and better food for our patients, we could keep them in an atmosphere containing a certain and constant amount of ozone—the quantity to be determined by experiment—might we not hope for better results than are now attained in ordinary hospital practice? The poor cannot be sent to congenial climates and pure atmospheres, but, by force of necessity, are crowded into hospitals whose walls and floors are too often saturated with emanations from previous generations of unfortunates.

In what way ozone acts when administered by the stomach I do not know. Whether its effects are expended upon the forces of digestion, and in that way influence nutrition, or whether it is absorbed as ozone, I am not prepared to say. But, from its rapid effects upon the secretions in the bronchial tubes, it seems as if it may find its way into the circulation. It is for this reason that I give the ozone water as nearly as possible on an empty stomach.

The cases in which it has proved most successful in my hands have been in persons under thirty-five years of age with catarrhal phthisis, where the disease has not passed far into the second stage, has not been too active, and has been limited to a single lobe, or, if in both lungs, has been confined to comparatively small areas. In every case where these conditions existed the patient's improvement was immediate and progressive.—*New York Medical Journal*.

[It will be noticed that the cases number 3, 6, 7, 10, 11, 12, 13, 14 and 15 are not here given, as there were no favorable results obtained, the disease, in each case, being too far advanced to hope for cure. Two of them, however, were not quite hopeless and were still under this treatment.—Ed.]

INTERRUPTED AND CONVERSION METHOD OF TREATING MALARIA.

WHETHER a separate poison is imbibed by the system to create these distinct types of fever, is not before us just now for argument, but every physician or person at all familiar with malaria and its antics, is aware of the fact, that in some sections we have distinct agues, ending in fever and sweat,

and in other sections there is an apparent immunity from agues, but an adaptability to the remittent and continued types. Any departure from a pure air is liable to create disease in those who are very susceptible, if that air is respired sufficiently long; but to create that which we pronounce the various algid types, there must be some peculiar or specific poison pervading the air. Certainly, we all fully recognize and appreciate this, when we examine the eruptive diseases. Indeed, every disease is a disease unto itself, with its peculiarities and operating causes, as much so as the various types of mankind; and it is only by a commingling of the poisons, and antagonism, that an interruption can take place.

A typically pure air, Dr. Joseph F. Edwards tells us, is as follows: "Seventy-nine per cent. nitrogen gas, twenty-one per cent. oxygen gas, watery vapor, and amonia." This, he says, "is ideal atmospheric air."

It strikes us, that if our chemical and scientific knowledge has placed us so far upon the road of hygeia, and her miracles, we are fast approaching a point where we can evolve a something which, while not yet tangible, may sooner or later be named and weighed by the scales of an exact science. If we know positively what a pure, living air is, we certainly will be, in the course of time, able to state its variableness, together with the special adulterants. Professor Flint, of New York, in his "Practice of Medicine," says: "The causation of intermittent fever involves a special morbid agent, commonly known as malaria." We will suppose, also, that this distinguished scientist refers remittent and continued fevers, when existing in malarial regions, likewise to special morbid agencies, either as a unit originating several types, or each type with its own special poison or micro-organism.

While it is true that all persons living in a malarious climate are to a certain degree familiar with this "bad air," or miasm—which are synonymous with malaria—we know as little about the agencies at work in causing the fevers and cachectic states of this disease as the names representing it imply. We call it swamp fever, hæmorrhagia and hæma-

turia, and claim that some peculiar miasm comes up from the marshes, enters our system, undergoes a zymosis or fermentation, ending in chills (ague), fever, and sweat, and taking on both a continued and periodic form.

The ague or chill type, ending in fever and sweat, is the explosive form. The remittent and continued is the passive or non-explosive.

Who would not prefer to live in a section of country peculiar to the regular chill or explosive type to one in which the malaria enters the system to harass and annoy, making sallow and muddy your complexion, running you down, ending in regular continued fever or a melancholic, cachectic constitution?

My argument is, then, that we have two kinds of swamp fungus, or malarial poison. In the explosive or chill form we can feel assured we will have a good shake, fever, and sweat. Nature is at her best here in breaking up this poison. When a sufficient charge is introduced an explosion follows, and all the organs are violently excited and agitated. Reaction follows, and then come the fever and sweat. Great quantities of the poison are eliminated through it. A calomel purge and a few doses of quinine, given at the proper time, destroys this monster.

In the other type (the passive) there is a slow, insidious, deceptive "lying in wait." A large percentage of the members of a family feel badly under this influence, and are under the doctor's care most of the time. When they first come into the section they may be in blooming health. Wait, and they will find there is some unseen poison at work.

In the fall of 1886, the few physicians living at Roanoke, Va., had their hands full of malarial fever patients. Among the number I had two patients very ill with malarial fever. I treated them in the usual manner, one being very much benefited, but the other in the fifth week decidedly worse. I used from ten to twenty-five grains of quinine with each patient daily. My patients were Charles and William L—, the latter of whom was gradually getting worse.

Early one morning I was called up, and found him very ill—temperature, $107\frac{1}{2}^{\circ}$ F.; pulse, 150. There was a

whistling, rapid respiration; skin parched and arid; entire suppression of urine. I concluded to interrupt and advance this case. I threw the cover off, the window being open, until the patient was chilly. In the meantime I was getting hot water sufficient to fill a large new tub. I put the young man in this water, covering him up with blankets, only leaving his eyes and nose exposed. He remained in this tub of hot water fully half an hour, but his body and head were supported, and hot water was added from time to time. He broke into a tremendous perspiration. I ordered a drink of whiskey and digitalis, and, as he was about to faint, had him taken up and put to bed, wrapped in the blankets, with an extra dry one. He remained in these blankets until everything was sweat. Meanwhile I had his body rubbed at different points with hot, dry towels. I then commenced quinine again, giving him fifteen-grain doses every two hours for three doses. At 4 P. M. that day his fever left him, and I am glad to say he never had any recurrence.

Charles E—, cashier of the Roanoke Savings Bank, and brother of Mayor William O. E—, was taken sick this same fall, starting in with high fever, but no chill, which portended malarial fever. I pursued the same course with him, breaking up his fever. Both of these gentlemen have had good health ever since.

I will say in conclusion, that in the case of William L— I did not use the quinine until the suppression of urine was overcome, having free diuresis and the skin in full perspiration. Had I used quinine before these emunctories were freely aroused, I would have killed my patient. I have made it a rule ever since, when cases are obstinate, to use the interrupted and conversion method.

Those living in that section where the second form of poison prevails should try the interrupted and advanced method. To interrupt and advance, you convert the second (passive or non-explosive) type into the first by reducing rapidly the temperature and chilling the body; then, by using the hot bath, you bring on a sweat. You must exercise judgment, of course, and be ready with stimulants and other supporting measures. Then is the

time to make quick but useful use of quinine.

N. B.—You can chill and make your patient shiver by a few cold blasts from a hand bellows, or chill by placing your patient between ice sheets for a few moments, and then quickly putting him in a hot bath. Be careful in using coal-tar products, if at all.—Gray, *Medical Record*.

BOTKIN'S DROPS.—In Russia they use extensively for Cholera a mixture known as Botkin's Drops. Here it is :

R.—Liq. anod. Hoffmanni,
Tr. cinchona co., aa ʒj.
Quininæ mur., ʒj.
Acidi mur. dil., ʒjss.
Ol. menth., gr.ss.

M.

It is a simple tonic and stimulant, more likely to be of service in the third stage than the first. The hydrochloric acid it contains may have specific effect, for many medical men of great experience in cholera have a strong belief in the use of mineral acids, especially during the first stage in light cases. We may sum up the most approved medicines, therefore, for the period of diarrhoea and vomiting as the mineral acids, opium, and tannin. Calomel, a former specific, appears to be under a cloud.—*Medical Review*.

DERMATOL IN THE TREATMENT OF BUBOES.—Mehdi Bux, a Mahomedan male, age 34, had had an attack of sloughing chancres about two months previously, which was soon after followed by a swelling and tenderness of the groins. He informed me that he had consulted a native practitioner who had supplied him with some medicine to be applied to the ulcers on the penile organ, and also some tincture of iodine for the glandular swellings. The ulcers healed in a few days under this treatment; but the glands suppurated and broke down. All forms of dressings were applied after free incisions had been made, viz. iodoform, carbolized oil, bichloride of mercury, poultices and oxide of zinc ointment, as far as I could gather. At the time when the case was seen by me, the open surfaces on the groins showed no intention to heal, they were each almost three inches in length, and about an inch

in breadth, sides undermined with a peculiar bluish tinge of the granulations on the base, surface almost dry.

Fortunately, a small quantity of Dermatol was obtained from a local chemist and was used as a dusting powder, and I placed the patient on a slight tonic treatment, as his constitution had much broken down, with the result that, in a fortnight's time the ulcers had almost healed.—H. W. Foscholo, in *Medical Reporter* (Calcutta).

PHAGEDENA.—Supposing a patient presents himself with a sore on the penis, said to have been contracted very recently, from immoral sexual intercourse, the surgeon exposes the parts and examines the ulcer very carefully in the light by the aid of a magnifying lens, and he feels the margin of the ulcer by the aid of his fingers very delicately with a little pressure. It is needless to say that it is necessary to carefully wash the fingers after the examination, using a nail-brush and taking all other previous precautions that are necessary, such as cutting the finger nails, &c. On careful examination he finds not infrequently two or more such ulcers on the genitals. If by the above methods he finds that the ulcer or ulcers, as the case may be, is or are non-indurated and pus-secreting, with abrupt margins, with cut or punched-out edges, with a grey, unhealthy surface with much surrounding inflammation, and along with that the presence of enlarged lymphatic glands in the inguinal region, with suppuration both within and around the glands, if the case has so far advanced he may be tolerably certain that it is a case of soft chancre. But if he is pressed to give a diagnosis of the case and the patient has had no syphilis before, he should never give it. If he is allowed the opportunity to watch the case from that time till the full development of the process, which will not take less than two months, considering operative interferences if there be suppurating buboes, dressing the wounds and the ulcer or ulcers with iodoform and carbolic lotion 1-40 &c., in the meantime, he may arrive at a good diagnosis. Now if it is a case of simple "non-infecting sore" which is ordinarily called "soft chancre" the ulcer will heal up and the buboes also by such

treatment, if there be no complications it will never be followed by any secondary manifestations as in the case of true syphilis. It is quite possible for a patient to suffer from non-indurated sores and suppurating buboes without having subsequently any constitutional phenomena.

It is tolerably certain that the *soft* variety always precedes the *hard*, *i. e.*, the soft often proves to be infecting. An infecting sore may often cause supuration of the glands, and a non-infecting sore may be followed by a moderate enlargement of the glands of the inguinal region.

Though Dr. Hutchinson has failed to record a single case from his own practice, of phagedena affecting a non-infecting chancre, yet he strongly believes in the possibility of such an occurrence. The brief and accurate description of phagedena is as follows: It is an ulcer which rapidly extends in depth and in area. The edge of this peculiar ulcer presents marked irregularities as if it had been "eaten away by a mouse." On minute examination the surgeon observes minute points of white and black slough, on the surface of this ulcer. These phagedenic sores are usually very painful, and are always liable to bleed, and sometimes the hæmorrhage is very profuse.

There is another variety of phagedena which is named *Hospital Phagedena*. It is very dreadful and spreads through the hospital, and may attack all operation cases as also other wounds. This type of phagedena is believed to be started by the accidental admission of a syphilitic phagedena into surgical wards. The peculiarity of this type of inflammation is, that it is unquestionably contagious as regards other individuals as well as to the patient himself, (self inoculable) and by this means it always spreads rapidly. It is very persistent and destructive, destroying all the tissues that come within its reach. It sometimes destroys the whole of the penis and it is sometimes fatal to young prostitutes. It is more apt to occur in sores which are concealed in a place where secretions are retained and lodged for some time unnoticed, allowing thereby fearful decomposition and destruction. Now of true or infecting chancre, which if carefully

diagnosed, will materially help the surgeon to pronounce a patient syphilitic or not. The infecting or hard chancre is the local manifestation of syphilis. The virus of syphilis, therefore, has developed into the patient's system, and local treatment is useless.

—Ghosal, *Calcutta Med. Reporter*.

Book Notice.

"PHYSICIANS LEISURE LIBRARY." *Acne and Alopecia*: By L. DUNCAN BULKLEY, M. D. Published by Geo. L. Davis, Detroit, Mich., 1892. Price, 25 cents.

This treatise, by the physician to the New York Skin and Cancer Hospital, is fully up to the standard of the treatises contained in this valuable series. It makes the first volume of the seventh series, is provided with a formulary, and with a good index.

THE *U. S. Pharmacopœia*, "1890," which will be published during 1893, adopts in great measure the METRIC SYSTEM of Weights and Measures, this will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs, with doses in both the METRIC and ENGLISH systems; this table is to be published in P. Blakiston, Son & Co.'s Physicians' Visiting List, for 1893, together with a short description of the metric system.

ATLAS OF CLINICAL MEDICINE. By BYROM BRAMWELL, M.D., etc. Volume II., part I., Edinburgh. Printed by T. & A. Constable, at the University Press, 1892.

The present part treats of the following subjects: Scrofula, unilateral hypertrophy of the skull, measles, two cases of Freidreich's ataxia in which the knee-jerks are not lost, alterations in the fields of vision, their clinical significance and importance, permanent hemianopsia and temporary hemianopsia (illustrative cases). There are ten plates in this part. The first, (No. XXXI.), represents a case of scrofulous diseases of the skin and superficial glands. While

the author admits the dependence of these lesions upon the tubercle bacillus, he does not say that any search for it was made in the present case. Nor does the brief resumé of treatment contain much more than an allusion to the methods rendered appropriate by that view of the pathology. In dealing with local lesions his indications are (1) to remove local irritation and secure rest; (2) evacuate pus, antiseptically; (3) thoroughly remove tubercular foci; (4) promote absorption by the use of iodine.

Two engravings illustrate the osseous lesions in Hutchinson's and Thomson's cases of unilateral hypertrophy of the skull. The article on measles is classical; the diagnosis being very fully considered. The section on alterations in the field of vision is the most important and carefully prepared in the present part. It is illustrated by four plates.

This valuable work can be obtained from the publishers, at the ordinary subscription rate, £1, 11s., 6d., for the volume of three parts. This includes carriage, but not the customs duty.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK.
Bound in Red Morocco, with Flap, Pocket, Pencil Loop and Red Edges. Price, postpaid, \$1.00. Published by THE ILLUSTRATED MEDICAL JOURNAL CO., Detroit, Mich.

This popular day-book is now in its fifteenth year of publication. The front part of it is occupied with dose tables and other useful pocket memoranda. It is good for thirteen months, from the first day of any month that it may be begun and accommodates daily charges for 50 patients, besides having cash department, and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is 7½ inches in length, and is 3½ inches wide, so that it will carry bill heads or currency bills without folding. It is bound in flexible covers and weighs but five ounces, so that it is easily carried in the pocket.

THE Thanksgiving number of *Table Talk* has arrived among our exchanges. It is quite up to the season's requirements; indeed it would be a difficult matter to run over its columns without

an increased longing for an interview with those Siamese twins of Thanksgiving—turkey and pumpkin pie. Published by the Table Talk Publishing Co., 1113 Chestnut street, Philadelphia.

News and Miscellany.

THE DRUGGIST AS PURVEYOR.

YE druggist of the "Olden Time" would stand aghast to-day at the revolution effected in pharmaceutical methods. He delighted to watch the percolators, filters, etc., of his calling in the preparation of various compounds; in filling the prescriptions of physicians who used infusions and decoctions, who preferred the bulky as well as ill-looking and worse-smelling productions of their youth to the elegant products of to-day.

The druggist has become, in a great measure, a purveyor of medicines. In these fast times people will not wait long for a preparation which is immediately needed. If a physician prescribes gelatine-coated or sugar-coated pills, they must be at once forthcoming. The same may be said of all the dry Galenical preparations. Any one who has seen the machinery necessary for the proper making of compressed tablets alone, will perceive that no ordinary drug store could undertake the purchase of the same.

The manufacturing pharmacists who furnish the ready-made products have made a business of this; and, provided with an enormous capital and meeting with a large market, they are enabled to supply the demand with elegant products, accurately dosed. These products are certainly more reliable, because the manufacturers make it a point to secure the crude materials in the best possible state and they use all at once. They do not have their crude vegetable products lying in musty drawers becoming inert and losing all their properties. As a natural consequence the finished product is more reliable in addition to being put up in much better shape than any possible extemporaneous method. We can readily see that no manufacturing firm could possibly attempt to put up all the products that are called for.—*Weekly Medical Review.*

REPORT OF THE N. Y. STATE BOARD OF HEALTH.—The 9559 deaths reported during September, represent an average daily mortality of 319, against 352 in August, and 322 in September, 1891. The infant mortality is 31 per cent. of the total mortality, that of August being 45.2, and of September, 1891, 41.2 per cent. The entire zymotic mortality is 2266 against 3182 in August, and 2388 in September, 1891. From diarrhoeal diseases there were about one-half the number of deaths of the month preceding, and a smaller number than in the corresponding month of last year; they still constitute more than 13 per cent. of the entire mortality; over one-half of the deaths occurred in the maritime district. Typhoid fever has increased by about 100 deaths, which is not above the customary. Scarlet fever shows no material variation, having decreased very much since the last two months; outbreaks are reported from High Falls, Adams and Stratford, Fulton county. Diphtheria has caused 100 more deaths than in August, which increase occurred likewise last year; Gaines, Port Henry and Hoosick Falls report its prevalence. Three deaths from small-pox are reported from Long Island City. Cases of suspected Asiatic cholera in North Tonawanda have been proven not to have been of that nature, on bacteriological examination. The rural portions of the State, out of 1774 deaths, had 407 deaths from zymotic diseases, or nearly 23 per cent., which is but a little lower than the proportion for the cities and villages. Of these 68 were from typhoid fever and 42 from diphtheria, a percentage, respectively, of 3.83 and 2.37 of the total mortality. The urban population shows a percentage of 1.46 for typhoid fever, and 4.20 for diphtheria of the total mortality, showing a large preponderance of the latter in the cities, and a small in the country, as compared with the total mortality. The mortality for consumption is the same as in the month preceding.

MEXICO FOR CONSUMPTIVES.—Fourteen years ago I was obliged to leave the northern part of the United States to look for a climate in which I could live, for what was diagnosed by the best of

authority, pulmonary tuberculosis. I remained a number of those years on the border of Texas, and found some localities excellent. But in none of them have I ever reached a climate that seemed to me equal to this, here in Silao. Even in this part of Mexico, I know of no town so favorably located. Here, the temperature varies but a few degrees night and day. Probably not averaging more than five degrees Fahrenheit. Usually, the mercury registers about 80. In consequence, a person might easily live out of doors the year round, and feels like doing it. Guanajuato, Aguascalientes, Zacatecas are all approximately near by, but none but what have objections that Silao does not have. And as to the City of Mexico, the climate will not for a moment compare with this, though of course otherwise much more preferable as a place of residence.

To revert again to myself, which I trust you will pardon, I laid in bed in Tampico with bronchial hemorrhages every day for thirty consecutive days last August. The last day I was there I had three hemorrhages. In that condition I was carried on a cot to the train, and on the evening of the second day I stepped off the train in Silao. In eighteen hours after leaving Tampico I had been raised six thousand feet, where I have since remained. One month after my arrival I felt as well as though I had never been sick, and to-day, to all appearance and feeling, am in perfect health.—*Texas Sanitarian*.

DISEASES OF OLD AGE.—I have taken the reports of the surgeons of the five largest National Military Homes, and my own observations during several years' service in the largest home. These five homes have an aggregate membership in round numbers, of twenty thousand old soldiers, the average age of whom is about sixty-five. The total number of deaths at these homes occurring during the year ending June 30th, 1891, was 950. Selecting some of the principal causes of death they are as follows:

Heart Lesions	151
Pulmonary Tuberculosis, including Fibroid	
Phthisis	122
Cerebral Hæmorrhage	67
Senile Debility	62

Cancer	36
Bright's Disease	37
Pneumonia	37
Meningitis	20

—Grube, *St. Louis M. & S. Journal.*

THE ADDRESS ON MEDICINE BEFORE THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—In the Address on Medicine, of Prof. Hobart A. Hare, it was interesting to note the vigorous assaults of the author on the tenets of time and the established rules in medicine. He asserted that, though one of the first and most oft-reiterated recommendations for the treatment of anæsthetic narcosis was the application of one Faradic electrode to the phrenic nerve and the other to the epigastrium, this was not only powerless to do good, since the phrenic nerve was really not excited in such cases, but harm was liable to result from electrization of the pneumogastric nerve resulting in inhibition of the heart.

Delusion No. 2 was the inversion of a patient, under the same circumstances. This was, he said, justifiable only in cases of heart failure, not of respiratory difficulty. In the latter case, inversion of the patient, especially if the subject of augmented abdominal contents, such as tumor, etc., was likely to cause increased difficulty in breathing, from the increased pressure on the diaphragm and respiratory apparatus. A to-and-fro, flapping motion indicated respiratory embarrassment.

It was well established that anæsthesia caused loss of heat and materially lowered the body temperature of patients; and yet it was not at all common for operators to make provision for the maintenance of this absolutely necessary element during operations of magnitude, or consuming long periods of time. A moderate amount of artificial heat should be supplied under such circumstances. If too much, undue heating of the body would result; if too little, no benefit would be derived.

One suggestion offered, and in which we are able to coincide with emphasis, is with regard to the use of strychnia hypodermically in large doses, in cases of collapse or shock. One-twentieth of a grain was to be administered hypodermically every half hour until reaction

was obtained; or one dose of one-fifth grain could be given.

The position of the head, neck and tongue, in anæsthesia, was claimed to be of much importance. In necrosis, when the tongue was drawn out of the mouth and forward over the lower teeth, rather than close under the upper teeth, much greater freedom to the entrance and exit of air was afforded; and this was still further added to if a sharp hook were fixed in the base of the tongue and drawn forward. The head should be thrust somewhat forward, in the position assumed by a runner of a race; this straightened the air-tubes.

For short operations, requiring only transient anæsthesia, bromide of ethyl (not bromide of etheline) was highly recommended by the essayist. Ergot was said to be entirely lacking in power to afford benefit in case of pulmonary hemorrhage; and morphine, a drug also commonly prescribed for that symptom, would induce an increased flow of blood, since it would stimulate the heart and vaso-motor nerves. A contrary (and therefore a beneficial) effect could be expected from the use of chloral, the bromides, aconite, and cannabis indica.

The inhibitive influence of acids on the growth of micro-organisms in the alimentary tract, was commented upon, with a hint as to their value, on that account, in intestinal disorders whose microbic origin is now quite generally admitted.

The value of entero-clysis and hypodermatoclysis in the toxæmias, such as uremia, septicæmia, diabetic coma; in hemorrhage; and in cholera and cholérine, etc., was dwelt upon. Enemata were advised in two conditions of intestinal obstruction, intussusception and impacted fæces. They should be administered slowly and gradually, by fountain apparatus (not by a syringe), a pressure of from one to five pounds being used. The temperature of the fluid used should be from 101° to 103° Fah.

In closing the author mentioned the request of the Hyderabad Commission that he should pursue investigations into the subject of anæsthesia, such investigation to be from an American standpoint. He desired information with respect to two kinds of cases; those in which respir-

ation failed before there was cardiac failure, and cases in which there was cardiac failure before respiration was involved. Reports regarding either of these will be gratefully received from any of our countrymen by Dr. Hare.—*Med. Fortnightly*.

USEFULNESS OF ERGOT IN OBSTETRIC PRACTICE.—Post-partum hemorrhage, except as the result of retained pieces of after-birth or clots, is exceedingly rare, and the uterus can only be aroused to proper contraction with sufficient promptness by the use of pressure, and the introduction of the hand, with or without some irritant substance, such as a sponge or cloth dipped in vinegar, a lemon, or a piece of ice. These methods will produce contraction of the uterus much more promptly, and much more safely, than can ergot; whilst those rarest of rare cases, in which ergot would be indicated to produce tonic contraction of the uterus following its contraction from the use of the methods named, are vastly overbalanced by the harmful results following the routine administration of ergot at the end of the second stage or during the third.

If a preparation of ergot could be secured that would be at all times thoroughly reliable, and if personal idiosyncracies in regard to its use were not so common, it is probable that a dose could be found of the drug which would simply serve as an adjuvant to increase uterine contraction which should not go beyond the danger line; but unfortunately the reverse of all this is true.

During the early years of my practice, I always carried ergot to obstetrical cases, and administered the drug according to the indications laid down in the text-books; but on the 21st of January, 1878, as a result of giving an ordinary dose of Squibb's fluid extract, I had most violent tetanic contraction ensue, which caused a badly ruptured perineum. This led me to a very careful review of the entire subject of the administration of ergot, as a result of which I ceased entirely to administer it as an oxytocic, though I still gave it at the close of labor to prevent after-pains and to secure contraction. This I continued to do for some time, carefully studying its effect,

and giving it with less and less frequency, and for the last ten years I have not given a single dose of ergot in obstetrical work, nor even carried it with me.

Ergot will unquestionably, in my judgment, obviate to a certain extent after-pains; but for reasons which I have already given this use of it is not devoid of danger.

During these ten years I have, of course, had my share of cases of post-partum hemorrhage, but I have been able to control them all most effectually by some of the means which I have already alluded to, and have in no case had cause to regret the non-administration of ergot. I, therefore, believe sincerely that owing to its unreliability and danger, and our possession of other means and agencies for the accomplishment of the desired results, ergot should be banished utterly from the lying-in chamber.—Baldwin, *Columbus Medical Journal*.

MURPHY'S BUTTON.—As a result of thirty-five experiments upon dogs, Dr. Murphy came to the conclusion that he could perform cholecyst-enterostomy in the human subject by coaptating the visceral surfaces by means of a new mechanical device of his invention, with safety and advantage.

The result of its employment in a case of biliary obstruction, requiring the establishing of anastomotic connection between the gall bladder and the intestine, was so satisfactory that he has since extended his experiments to anastomoses of the different hollow abdominal organs. He has found that he can with equal facility utilize the method in performing end to end enterorrhaphy as well as lateral intestinal anastomosis and gastro-enterostomy.

The device consists of two brass buttons or plates, each with a peripheral collar and a central hollow stem; the hollow stem of one being slightly smaller than the other, so it will readily slip within the other: Three sizes were used with diameters of $\frac{3}{4}$, 1 and $1\frac{1}{4}$ inches, with central openings of about $\frac{1}{4}$, $\frac{3}{8}$ and $\frac{1}{2}$ inches, respectively.

In making an anastomosis or enterorrhaphy a puckering or retaining suture is placed through all the coats around each

opening, and after the shoulder of half the button is pushed through each of the openings the suture is drawn taut, so as to prevent the viscus receding from the button. Then the operation is completed by pressing the two halves together. A clever little device on the smaller stem retains the buttons in permanent apposition.

The two collars thus hold the peritoneal coats into accurate and constant coaptation. In circular enterorrhaphy a stitch is first taken at each mesenteric border, so as to provide a complete peritoneal covering for the whole circumference of the bowel.—*Chicago Clinical Review*.

TREATMENT OF FLAT-FOOT BY PLATES.—This, which is by far the best form of flat-foot apparatus, consists of a thin sheet of metal fitted accurately to the sole of the foot and worn inside the shoe, generally outside the stocking. These plates differ among themselves: (1) In their mode of manufacture; (2) In their shape; (3) In their material.

For all kinds of plates a mould or pattern of the foot must be taken. Whitman²⁰ has a most elaborate method for this, by which he first takes two plaster shells of the upper and under surfaces of the foot, adjusts these together, and then by filling up with plaster gets an exact production of the foot, which he sends to the foundry and has cast in iron. Upon this model the plate is forged from the best twenty gauge steel.

A much simpler method is to flow plaster-of-Paris into a shallow trough, and when it is about to harden to have the patient step in it. In this negative a positive of the sole of the foot can easily be run.

A most ingenious method was introduced by Dr. F. B. Harrington, of Boston. He first marks out on the foot by means of a camel's-hair brush wet with a mixture of ink or glycerine the shape of his plate. Next a piece of Canton flannel is pressed against the foot. In this way the shape is marked out on the flannel. The flannel is then cut out, soaked in plaster-of-Paris, wrung nearly dry, and applied to the sole of the foot to harden in position. When this shell is

dry it is taken off, its concave surface (corresponding to the foot) filled in with fresh plaster, and when hard sent to the machinist, who uses it simply as a model to which to fit his plate. The thickness of the flannel is equal to that of the stocking outside of which the plate is to be worn.

The method used by the writer is similar to this, only sheet wax is substituted for the flannel. Such wax can be had at dental furnishing stores. When put into hot water it becomes perfectly supple, and can be moulded to the foot and cut to the desired shape. As it cools it grows hard again, and can be greased and backed with plaster on either side according as a negative or positive model is wanted. The advantage of this method is, for ordinary plates, its speed and cleanliness; while for rubber plate negatives it leaves the model much smoother and allows for the extra size needed.—Dane, *Boston M. & S. Journal*.

TREATMENT OF TYPHOID FEVER BY THE SOLUBLE PRODUCTS OF THE MICROBES OF PUTREFACTION.—A Polish physician, A. Chelmonski, asserts that he has had good results in the treatment of typhoid fever by the following method: Take equal parts of lean beef and water and expose them to the air for seven or eight days; when putrefaction has set in boil for one or two minutes and filter carefully. Either this liquid may be used, or an extract made by drying it. Injections in men provoke at the end of five to eight hours a febrile reaction which lasts 24 to 36 hours and is accompanied with somnolence, cephalalgia, muscular pain, chills, then a sensation of heat, and perspiration. When used in typhoid fever patients there was considerable lowering of the temperature, abundant sweating, disappearance of the diarrhoea, rapid amelioration of all the morbid symptoms, return of appetite, etc. The augmentation in the volume of the spleen sometimes persisted some days even after the defervescence. The dose of the dry extract was 1 to 8 mgm. ($\frac{1}{16}$ to $\frac{3}{16}$ gr.); of the liquid, 10 to 50 cgm. ($1\frac{1}{2}$ to $7\frac{1}{2}$ gr.), given daily by hypodermatic injections. — *Med. Abstract*.

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Abscess.....	3		Fever, Typhoid.....	3	
Abortion.....	1		Gangrene.....	1	
Aneurism of the Aorta.....	1		Indigestion.....	1	
Alcoholism.....	1		Inanition.....	8	
Apoplexy.....	1		Influenza.....	1	
Bright's Disease.....	12		Inflam'n Bladder.....	1	
Burns and Scalds.....	1		" Brain.....	1	11
Cancer.....	13		" Bronchi.....	3	10
Casualties.....	1		" Kidneys.....	1	1
Congestion of the Brain.....	1		" Lungs.....	23	3
" Lungs.....	1		" Pericar'm.....	3	1
" Liver.....	1		" S. & B'w's.....	4	4
Cholera Infantum.....	6		" Tonsils.....	5	5
Cirrhosis of the Liver.....	1		Marasmus.....	1	20
Colic.....	1		Measles.....	3	2
Consumption of Lungs.....	34		Neuralgia of Heart.....	3	
Child Birth.....	1		Old Age.....	17	5
Convulsions.....	1		Paralysis.....	5	1
" Puerperal.....	1		Poisoning.....	2	1
Croup.....	1		Rheumatism.....	2	1
Cyanosis.....	3		Purpura Hemorrhagica.....	1	
Debility.....	3		Sclerosis.....	1	
Diabetes.....	1		Septicæmia.....	2	
Diarrhoea.....	2		Sore Mouth.....	1	
Diphtheria.....	137		Syphilis.....	1	
Disease of the Kidneys.....	1		Teething.....	3	
" Heart.....	23		Tetanus.....	1	
" Liver.....	3		Tumor.....	2	
" Spine.....	1		Ulceration of the Stomach.....	3	
Dropsy.....	3		" Uremia.....	3	
Dysentery.....	2		Whooping Cough.....	1	
Epilepsy.....	1				
Fatty Degeneration of the Heart.....	4				
Fever, Scarlet.....	6		Total.....	217	167

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